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06/11/2010

FAY SHARPE LLP  
 1228 Euclid Avenue, 5th Floor  
 The Halle Building  
 Cleveland, OH 44115

## Certificate of Transmission

I hereby certify that this Fee(s) Transmittal is being submitted on the date indicated below by electronic transmission to the U.S. Patent & Trademark Office via EFS Web

Hilary McNULTY	(Depositor's name)
<i>Hilary McNulty</i>	(Signature)
July 21, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/621,119	07/16/2003	Arthur E. Quaid	MAKO 200027US02	9089

TITLE OF INVENTION: GUIDANCE SYSTEM AND METHOD FOR SURGICAL PROCEDURES WITH IMPROVED FEEDBACK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/13/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHAO, ELMER M	3737	600-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FAY SHARPE LLP

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MAKO SURGICAL CORP.

FT. LAUDERDALE, FL US

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0308 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date 9 July 2010

Typed or printed name KEVIN A

Registration No. 28,383

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